

**DOCUMENT NAME: Reimbursable
Work Authorization
DAFIS DOCUMENT TYPE: 34**

1. **Description:** Cost to alter, renovate, repair, or provide services in space managed by GSA over and above the basic operations is reimbursed to GSA.
2. **Primary Forms:** GSA-2957, Reimbursable Work Authorization
3. **Related Forms:** None.
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 3494904FAB001

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site Code</u>	<u>FY Contract Originated</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Sequence</u>	<u>Suffix</u>
34	94	90	4	F	AB	001	

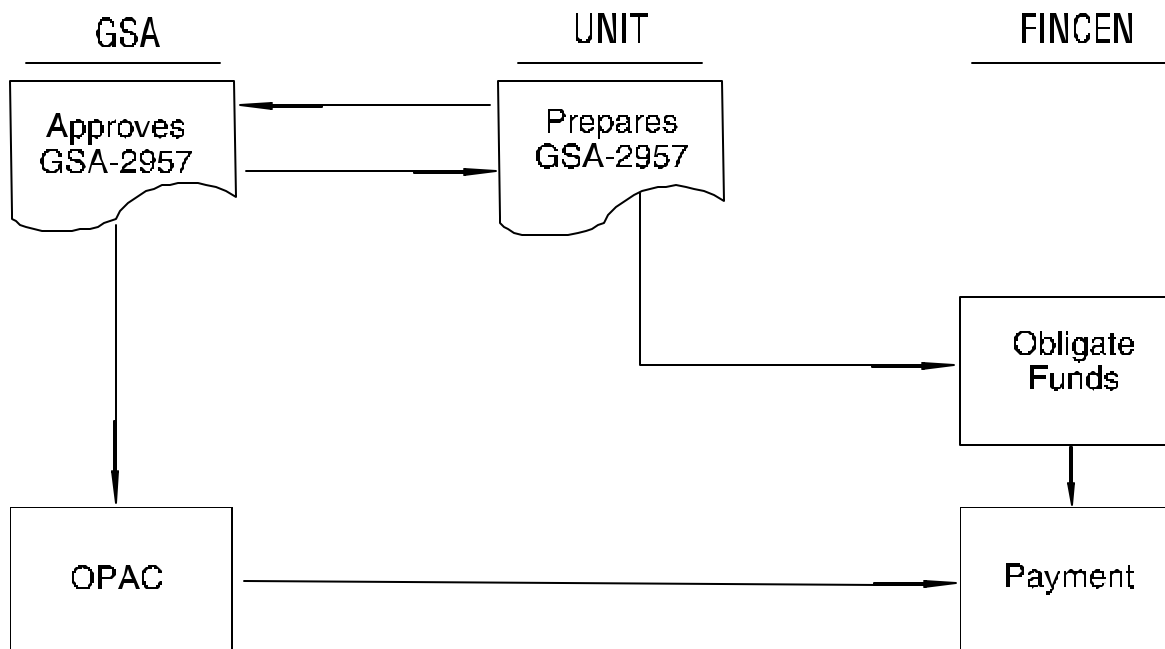
5. **Accounting Line:**

SAMPLE: 2/F/401/136/30/0/AB/12345/2522

6. **FINCEN Critical Processing Requirements:** The Work Authorization Number must be in block 5. ALC Code 69025102 must be in block 16. The full accounting line must be placed in and below block #20 of GSA-2957.
7. **Other Information:** This is only applicable with GSA leased space. If Coast Guard owned facility this type of charge will not apply.
8. **LUFS Information:**
 - a. Standard generic input is made through the Record Spending Module, only after GSA approval.
 - b. Obligation will transmit electronically via LUFS.
 - c. A copy of the GSA-2957 should be mailed to FINCEN and should have the statement on the face of the document:

"OBLIGATION TRANSMITTED ELECTRONICALLY VIA LUFS"

- d. This document should have the public/government indicator set to "G".

9. Document Flow:**Figure 12D-70 Reimbursable Work Authorization**

- a. Figure 12D-70 describes the procedures for processing Reimbursable Work Authorization.
- b. Agency requesting work will initiate and forward a Reimbursable Work Authorization request form to GSA for approval.
- c. The original is mailed to GSA. After authorization of the work by GSA, a copy of the executed GSA Form 2957 that was returned to the unit should be sent to the FINCEN for obligation (LUFS units see paragraph 8).
- d. GSA will bill FINCEN by OPAC for RWA's and the unit will see these on their PES report as an expenditure.

10. Sample Forms: See Figure 12D-71.

11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
3494904FAB001000	051	94100F101	12345	2522	0.00	15,000.00	0.00	0.00
3494904FAB001000	136	94111F100	12345	2522	0.00	15,000.00 -	0.00	15,000.00

12. References: Federal Property Management Regulations (FPMR).

REIMBURSABLE WORK AUTHORIZATION									
1. BUILDING NUMBER		2. PROJECT NUMBER		3. BUDGET ACTIVITY CODE		4. ORGANIZATION CODE		5. WORK AUTHORIZATION NUMBER	
Y A 0 1 0 1 7 7									
6. DESCRIBE PROJECT NATURE (Not more than 25 characters)						7. BOAC CODE			
S P A C E A L T E R A T I O N S									
SECTION I - ORDERING AGENCY REQUEST									
8. SEND BILL TO (Complete address, including zip code)				9. BILLS WILL BE ISSUED FOR			10. DATE OF THIS REQUEST		
COMMANDING OFFICER (0634) USCG FINANCE CENTER 1430A KRISTINA WAY CHESAPEAKE, VA 23326-0634 <input type="checkbox"/> PREPAID				<input checked="" type="checkbox"/> AUTHORIZED AMOUNT IN ADVANCE <input type="checkbox"/> OBLIGATIONS RECORDED SINCE THE LAST BILLING TO RECOVER ACTUAL COST			18 JAN 94		
14. AGENCY/BUREAU NAME				11. AGENCY BUREAU CODE		12. APPROPRIATION SYMBOL		13. ACTION TYPE	
DOT/USCG				6 9 0 3		6 9 X 0 2 0 1		ADD	
15. AGENCY CONTACT (Name and complete address, including zip code)				16. AGENCY LOCATION CODE		17. FUND CODE		X CHANGE	
CWO4 J. J. SMITH, USCG COMMANDING OFFICER (AL) USCG FINANCE CENTER 1430A KRISTINA WAY CHESAPEAKE, VA 23326 AGENCY CONTACTS TELEPHONE NO. (804) 523-6708				6 9 0 2 5 1 0 2				MULTIPLE FUNCTION	
				18. AGENCY IDENTIFICATION NUMBER				DELETE	
				3 4 9 4 9 0 4 F A B 0 0 1				COMPLETION	
19. WORK DESCRIPTION AND WORK LOCATION (If additional space is required, use plain sheet(s) of paper)				20. AGENCY ACCOUNTING DATA				TERMINATION	
FOR MODIFICATIONS TO EXISTING SPACE NEW TOTAL OF \$15,000.00 LOCATION: USCG FINANCE CENTER ARMADA/HOFFLER CROSSWAYS III <input type="checkbox"/> CHECK IF PLANS ARE ATTACHED				2 F 4 0 1 1 3 6 3 0 0 A B				CHARGEBACK	
				21. LEASE CONTRACT NUMBER				ACCEPTED	
				G S - 0 1 A - 9 8 7 6 5				REBILL	
				22. REQUESTED WORK/SERVICE DATES				COMPLETION	
								MO DAY YR	
				23. OPEN END AMOUNT (to nearest dollar)		24. ECONOMY ACT (50% LIMITATION)			
				\$15,000.00					
SECTION II - ESTIMATE									
25. PRICE QUOTATION-ESTIMATE IS VALID FOR 30 DAYS IF \$10,000 OR LESS AND FOR 60 DAYS IF OVER \$10,000 FROM LATEST DATE IN BLOCKS 26 OR 27.									
FUNCTION CODE (A)	EST. FORCE ACCOUNT WORK HOURS (B)	ESTIMATED COSTS						TOTAL ESTIMATED COST (C)	(D)
		LABOR		MATERIALS		OTHER			
		EST. HRS.	AMOUNT (\$)	EST. HRS.	AMOUNT (\$)	EST. HRS.	AMOUNT (\$)		
	11		26						Without certification, obligations may be incurred against reimbursement work authorizations (RWAs) with a total authorization estimate of \$1,000 or less in an amount exceeding the authorized estimate by up to \$100, and obligations may be incurred against RWAs with an authorized estimate in excess of \$1,000 by up to 10% of the estimate or \$1,000, whichever is the lesser.
	11		26						
	11		26						
	11		26						
	11		26						
TOTAL									
26. WORK PERFORMANCE AUTHORIZATION		SIGNATURE (Type name and title)				27. CONCURRENCE PHS		SIGNATURE (Type name and title)	
TELEPHONE NO.		DATE				TELEPHONE NO.		DATE	
SECTION III - ORDERING AGENCY CERTIFICATION									
28. I certify that this constitutes a valid obligation and an order for GSA to perform work described above, and that funds for the amount specified in Section II are available for that purpose. See 25.				A. SIGNATURE OF ORDERING AGENCY OFFICIAL <i>J. J. Smith</i> J. J. SMITH, CWO4, USCG		TELEPHONE NO. (804) 523-6708		B. DATE 18 JAN 94	
29. NAME AND TITLE OF PHS OFFICIAL				SIGNATURE				DATE	
				<i>J. J. Smith</i>					
SECTION IV - WORK COMPLETION CERTIFICATION									
GENERAL SERVICES ADMINISTRATION									

Figure 12D-71 GSA-2957, Reimbursable Work Authorization